

What Do Salvadoran Teens Think? Determining the Feasibility of Youth-Friendly Pharmacies: A Focus Group Report

José Miguel Carranza



COMMERCIAL MARKET STRATEGIES

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ABSTRACT

In February 2002, the Commercial Market Strategies (CMS) project recruited adolescents (aged 15 to 19), representing a range of socioeconomic levels, to participate in 10 focus groups. The objective of this study was to gauge adolescents' interest in and reception to the creation of a youth-friendly pharmacy network in San Salvador, El Salvador. Each focus group followed a structured discussion guide that included questions on youth activities and interests, relationships and dating, sources of contraceptive methods, and personal experiences in pharmacies. Results indicate that interest in the concept of youth-friendly pharmacies is high among adolescent participants. Concrete suggestions for improving the appeal of the pharmacies include employing young, trained pharmacists/clerks; creating private space for consultations; distributing promotional coupons to minimize embarrassment; and designing a colorful logo to identify the pharmacies. Participants embraced the ideas of creating a Web site and a toll-free hotline, both of which could provide reproductive-health information while promoting the pharmacies. Participants noted, however, that prevailing negative attitudes among many adults and religious institutions toward adolescent sexuality could pose a challenge to this initiative and suggested that a low-key IEC (information, education, and communication) approach may be more effective than a mass media campaign.

KEY WORDS

Reproductive health, adolescents, adolescent reproductive health, qualitative research, pharmacies, private sector.

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Executive Summary

EXECUTIVE SUMMARY

This study was conducted to inform Commercial Market Strategies (CMS) project program decisions regarding the feasibility of creating a network of youth-friendly pharmacies in San Salvador, El Salvador. A consulting firm, Carranza Flores SA, prepared this report under the supervision of CMS research staff and the Salvadoran Demographic Association (ADS, Asociación Demográfica Salvadoreña).

The study consisted of 10 focus groups of adolescents aged 15 to 19 from low, middle, and high socioeconomic groups in the greater San Salvador area. CMS developed the study design and the focus group guide. Appropriate language adaptations were made for the Salvadoran context by the local research consultant.

The data support implementation of the youth-friendly pharmacies concept. There is clearly a need for these pharmacies, as adolescents feel uncomfortable buying contraceptives at existing pharmacies and lack information about contraception and sexuality. There is, however, the potential for opposition to the concept from parents and religious institutions due to conservative attitudes about teens and sex. Strategies to neutralize potential opposition from these groups should be considered in the design of the promotional campaign for the pharmacies.

The concept of youth-friendly pharmacies enjoyed wide acceptance among adolescents who attended the focus group discussions. Participants felt that the pharmacies would fill an unmet need for confidential places to purchase contraception and obtain information on sexual matters. These needs are not being met in traditional pharmacies or in other, less-traditional contraceptive supply outlets, such as supermarkets or gas stations. Few participants visited public-sector outlets.

Study participants felt strongly that youth-friendly pharmacies should be located in areas with high volumes of youth traffic, such as popular shopping and entertainment districts. The majority of the study participants, except for some participants in the low socioeconomic status (SES) sample, felt that the pharmacies should not be located in residential areas in order to protect adolescents' privacy.

Participants said the most important promotional tool for the pharmacies would be word-of-mouth from satisfied customers (i.e., other adolescents). Other recommended promotional activities included membership cards, coupons, advertisements in popular youth publications, a toll-free hotline, and a Web site. In addition, the participants recommended that in order to attract youth and create a comfortable atmosphere, the pharmacies should sell both traditional pharmaceutical items and personal-care products used by adolescents and provide counseling on contraceptives and sexuality.

Participants mentioned potential barriers to the success of youth-friendly pharmacies, many of which can be addressed through program design and promotion. Some of the barriers included the negative attitudes toward sex among parents and religious institutions, the *machista* attitudes that influence adolescents to have unprotected sexual intercourse, a lack of trained and sensitive pharmacy personnel, and little communication between parents and teens on the subject of sex.

Gender was the only significant variable in participants' use of and attitudes toward contraceptives. Condoms are the birth control method used most frequently by participants; teens from all socioeconomic levels said they found condoms affordable. Few participants had purchased oral contraceptives or injectables in the private sector.

Insensitive treatment and lack of contraceptive knowledge by pharmacy clerks appear to be the major external obstacles to purchasing contraceptives. Both male and female participants at all socioeconomic levels said they did not have dependable sources of information about sexuality. Participants said no existing private or commercial establishments adequately meet their contraceptive needs.

1 Introduction

INTRODUCTION

Commercial Market Strategies (CMS) is a project funded by the US Agency for International Development (USAID) that works with the private sector to increase the use of high-quality family-planning and other health products and services in developing countries.

CMS, in coordination with the Salvadoran Demographic Association (ADS, Asociación Demográfica Salvadoreña), plans to implement a youth-friendly pharmacies project in El Salvador. The project aims to increase use and knowledge of contraceptives among sexually active adolescents in greater San Salvador, with the goal of preventing unwanted pregnancies and sexually transmitted infections (STIs). In addition to increasing access to contraceptives among the target population, the project proposes to improve the quality of services available at commercial pharmacies.

In order to assess the potential effectiveness of the project, CMS and ADS selected a consulting firm, Carranza Flores SA, to carry out a qualitative feasibility study, the results of which are presented below.

2 Study Objectives

STUDY OBJECTIVES

The study pursued the following objectives:

GENERAL

- To help determine the technical feasibility of implementing the project.
- To help determine the areas of San Salvador where commercial pharmacies will be selected to participate in the project.
- To inform key elements of a promotional campaign for the project.
- To inform key elements of a logo for the project.

SPECIFIC

- To profile actual and potential contraceptive consumers among the adolescent population of greater San Salvador.
- To provide insights about the ability of adolescents to purchase contraceptives in the commercial sector.
- To identify the obstacles that adolescents face in acquiring contraceptive products in the commercial sector.
- To identify the type of commercial-sector establishments that are more attractive for male and female actual and potential contraceptive consumers.
- To pre-test the concept of "youth-friendly" pharmacies among actual and potential adolescent contraceptive consumers.

3 Methodology

METHODOLOGY

STUDY DESIGN

Given the target population for this study, CMS instructed local researchers to conduct 10 focus groups with male and female adolescents aged 15 to 19. The participants represented a cross section of youth in the greater San Salvador area. In collaboration with ADS, CMS designed a structured focus group guide to be used with each focus group. The discussion began with general questions about adolescents' interests and concerns, dating practices, and sources of family-planning information. More specific questions about contraceptive preferences, usage, and sources followed. Finally, participants were asked about their past experiences purchasing contraceptives at pharmacies and were presented with the concept of "youth-friendly" pharmacies to assess their interest in and receptivity to the idea. Prior to fielding the guide, language adaptations were made for the Salvadoran context. After the first focus group, an additional question was included to probe further on the acceptance of youth-friendly pharmacies and preferred locales (see Appendix C for the complete focus group guide).

A.P.I. MERC, a market research firm, recruited participants for the focus groups using a brief filter questionnaire to ensure that the participants met the criteria for the designated focus group. A total of 10 focus groups were held between February 11 and March 21, 2002.

SAMPLE CHARACTERISTICS

The focus groups comprised adolescents between the ages of 15 and 19, representing low, middle, and high socioeconomic levels. Five of the focus groups were held exclusively with males and five with females. Eight groups were conducted with students in the last years of high school or the first or second year of college. Student participants were recruited at educational institutions located in each of the three targeted socioeconomic areas. Two of the student groups (one male, one female) were held with adolescents who had been trained as youth peer leaders by ADS as part of its Integral Adolescent Program. Finally, two groups of adolescents (one male, one female) currently not in school were recruited to

Table 1. Focus group characteristics

Criteria for Inclusion in Focus Group		Males 15–19	Females 15–19
Attends school	Low SES	1	1
	Middle SES	1	1
	High SES	1	1
	Participant in ADS Training Program	1	1
Does not attend school	Low SES	1	1
	Total	5	5

participate. These groups comprised female market vendors from the central market and males from marginal communities north of San Salvador. These groups were added in response to recent Ministry of Education data that indicated that female adolescents who do not attend school are at increased risk for unintended pregnancies. In addition, CMS was interested in learning of other potential differences between the student and non-student populations in terms of their perceptions, motivations, and behaviors regarding pregnancy and STI prevention. Table 1 above illustrates the characteristics of the participants for each of the focus groups.

The study protocol called for 8–12 participants in each focus group. The average number of participants in each focus group was 9. In only one case, Group 1, did the size of the group fall well below the goal (see Appendix A for a detailed focus group schedule) because of a citywide bus strike.

ANALYSIS

The data gathered from each focus group were transcribed and analyzed in separate reports and later synthesized into this final report.

4 Results

RESULTS

This section presents the most significant findings of the focus groups stratified by selected socio-demographic variables, including gender, age, socioeconomic status (SES), and school attendance. However, as will be noted, few differences surfaced between these groups, with the exception of certain gender differences. There were many similarities among the groups in terms of the perceived feasibility of the project, the identification of areas where the pharmacies should be located, and the recommended elements for the design of the promotional campaign and project logo (see Appendix B).

The analysis revealed important gender-based attitudinal differences. In general, adolescent males prefer to talk about things like sports and girls and address subjects that adolescent females consider *machismo*. They are critical of females for having conversations about topics, such as fashion, which they feel are unimportant. A certain derogatory attitude toward females was detected in the male groups, such as this comment from the middle-income group, "We speak about important things....They are looking for guys with cars....They are *fresa* (pretentious) girls."

Low-income female adolescents who work in the central market said that male adolescents are generally more irresponsible and have a shorter-term perspective than females. They indicated that males of their SES group have sex without taking precautions, running the risk of pregnancy, and are irresponsible when they get girls pregnant. One girl said, "They talk about *jayanadas* and *patanadas* (vulgar things); they like to leave one girl and get another one....The only thing they do is cause them harm and leave them that way."

Some expressions used by low-income males were *machista*, such as "kneading" (heavy caressing), "we get them on the fly" (passing entertainment), "we look at the *chichitas*" (breasts), and "if you see good leather (a body), you go after them."

The middle- and high-income female groups also noted, though with less intensity, the existence of *machismo* expressions and attitudes toward girls. They also felt that adolescent males were preoccupied with sexual matters. "They think more about the *cheras* (girls) and who they like, who is going to pay attention to them, with whom they are going to go...if they

have had sex....They are more interested in sex than in what goes on in our country."

Both sexes agreed that male adolescents enjoy more freedom in both social and sexual relations, while female adolescents are more oriented toward responsibility. However, the subject of sex seemed to be less dominant among middle- and high-income males. At the same time, participants in the ADS program said that sex is the predominant subject of both male and female conversations. Among the subjects discussed were virginity, premarital sex, STIs, and courtship. One participant noted, "I hear some schoolmates talk about *vacile* (adventures) with the *bichas* (girls)." Another noted that "youth are concerned about...their first sexual encounter." However, because ADS program participants are educators on sexual subjects, they may give more importance to the discussion of these subjects than their peers.

The majority of the focus group participants characterized opposite-sex relationships among their peers as friendships or as social or sports relationships. However, ADS program participants noted that sex is common among adolescents. Low-income adolescents said that they generally begin to go out between the ages of 10 and 13, while those from the middle- and high-income SES groups begin dating closer to the age of 15. Several groups also noted that girls from ages 9 to 12 years have more social freedom today than they did at that age and that girls start to date at younger ages. Low-income adolescents also tend to have sex at earlier ages. One explanation given for this is that low SES girls look to older men for protection, given their economic or social problems. One participant noted, "There are cases where, because they do not have the support of the family, the girls want to get away from the family, and they seek people who are older than they are." Another girl noted, "I say that older men are better...because older men help you out."

RESULTS RELATED TO GENERAL STUDY OBJECTIVES

OBJECTIVE 1: TO HELP DETERMINE THE TECHNICAL FEASIBILITY OF IMPLEMENTING THE PROJECT

The focus group participants were overwhelmingly favorable toward the implementation of the youth-friendly pharmacies project. Nine of the 10 groups gave unanimous, positive answers to the question asking if they would be interested in pharmacies that catered to youth. Only one focus group expressed doubts about the implementation of the project, stating that they would be too embarrassed to talk to a pharmacist about family planning. As would be expected, the participants in the ADS program expressed a great deal of enthusiasm for the project. Variables of gender, income, or school attendance did not affect attitudes toward the project.

Below are examples of favorable responses and positive expectations of female focus group participants regarding youth-friendly pharmacies:

- Participants in Group 4 (ADS females) said youth-friendly pharmacies would be “very *chivo*” (cool) and “original.”
- Group 8 (high SES females) also unanimously accepted the youth-friendly pharmacies concept. This group suggested promoting use of the pharmacies by combining the sale of pharmaceuticals with other products for youth. They also suggested that the pharmacies have computers for consultation by youth on the subject of sexuality.
- Group 9 (low SES/female market vendors) felt the assurance of privacy was a good reason to support youth-friendly pharmacies. One participant noted, “Adults would not find out....Kids could say that they were going for a stroll, and they would go to the pharmacy.”
- Group I (middle SES females), the group with low attendance, did express some resistance to the idea of youth-friendly pharmacies. One objection was that the “reason one goes there would be more obvious.” In spite of this negative opinion, the group contributed many logo suggestions.

The following statements represent the favorable responses and positive expectations of male focus group participants regarding the youth-friendly pharmacies project:

- Group 2 (middle SES males) was unanimously positive about youth-friendly pharmacies. They indicated they would feel comfortable asking for contraceptives at these pharmacies and suggested a chain of youth-friendly pharmacies. Although they noted that it would be very difficult for these youth-friendly pharmacies to be known only to youth, they thought that a Web site and hotline could give these pharmacies a certain exclusivity.
- Group 3 (ADS males) thought the concept of youth-friendly pharmacies was positive because they would be good sources of information. They also felt they might be treated with the courtesy they do not find in existing pharmacies. They noted that to make adolescents comfortable, it would be a “good idea to have young persons” as clerks. They also suggested that informational materials be placed at the entrance of the pharmacy. This group also pointed out that it would be very difficult for the youth-friendly pharmacies to be known only to youth.
- Group 5 (low SES males) also felt that youth-friendly pharmacies would help adolescents overcome the embarrassment they feel when they go to pharmacies. One participant noted, “The people that sell in the pharmacies are older and narrow-minded. Sex is taboo to them, and they cannot understand that, at our age, we already have the idea that it is something normal in our lives....They try to humiliate you every time you ask them something.” This need for understanding and empathy from adults toward adolescents’ sexual needs is something that the youth-friendly pharmacies could address.
- Group 7 (high SES males) also thought that youth-friendly pharmacies could solve the frustration of “being made fun of and bad treatment in the pharmacies,” noting that “there would be more confidence and less embarrassment.”
- Group 5 (low SES males) expressed unanimous acceptance of youth-friendly pharmacies for similar reasons. One participant noted that in existing pharmacies, “they see you buying

[contraceptives], and if you are from the same community, they say bad things about you afterwards.” Another noted that people make negative comments, such as, “So young and already using contraceptives.”

It can be concluded that neither gender, SES, nor school attendance are barriers to the acceptance of youth-friendly pharmacies. There are strong indications that these pharmacies could bridge gaps of information, privacy, and trust that male and female adolescents say exist in traditional pharmacies.

OBJECTIVE 2: TO HELP DETERMINE THE AREAS OF SAN SALVADOR WHERE COMMERCIAL PHARMACIES WILL BE SELECTED TO PARTICIPATE IN THE PROJECT

According to study participants, the most important criterion for the location of youth-friendly pharmacies is an area that has heavy youth traffic, especially places that adolescents go for entertainment and shopping. Specifically, high-income participants suggested streets next to the Paseo Escalón, Santa Elena, Antiguo Cuscatlán, and Zona Rosa. Middle-income participants suggested shopping centers; and low-income participants suggested Unicentro, Metrocentro, INFRAMEN (Atlatcatl District), the central market, discotheques, and close to where they live. (This listing does not exhaust all possible places in greater San Salvador because the sample was not representative of all areas.)

Opinions differed by SES regarding locating the pharmacies in residential areas. Low-income participants were not concerned what their neighbors would think and thought the pharmacies should be located close to where they live. They noted that this would allow them to obtain contraceptives quickly to be prepared for sexual encounters. Other participants expressed unfavorable opinions about having the pharmacies located near their homes, primarily because they were afraid their parents would find out that they were buying contraceptives.

OBJECTIVE 3: TO INFORM KEY ELEMENTS OF A PROMOTIONAL CAMPAIGN FOR THE PROJECT

The study participants noted that a promotional campaign for youth-friendly pharmacies would have to address potential attitudinal barriers to the success

of the program. These include the negative attitude of parents and religious institutions toward sex and the use of contraceptives by adolescents. Also, *machismo* attitudes that promote unprotected sex negatively influence adolescents.

- Group 8 (high SES females) noted that sex is regarded as taboo by adults. One participant said, “The fact that it is seen as taboo does not allow information.” This reflects generational communication barriers between adults and youth about sex and explains why participants said their friends are their confidants about sexual matters.
- Group 4 (ADS females) said that the subject of sex is taboo even to some teachers and that there is no good communication about sex in schools.
- A member of Group 1 (middle SES females) noted a strong religious influence against having sex outside of marriage, saying that “faithfulness is very important.” On the other hand, some women countered that “virginity is in the mind,” which illustrates that not all members of the group share these religious beliefs.
- Group 6 (low SES females) noted that despite the taboo against premarital sex, sexual activity is widespread among adolescents. They also said that adults are not aware of this reality. One participant said, “Girls at the age of 12 are already having sex. I have friends who lost their virginity at that age.”
- Group 8 (high SES females) noted that the lack of information about sex results in unplanned pregnancies.
- Group 9 (low SES/female market vendors) blamed adults for the lack of communication that results in sexual relations occurring at a very young age. One participant noted that the lack of parental support may cause girls to seek support from a boyfriend who is older. Another participant said, “Adults do not want to see you in a bad light, but when one finally looks for them...it is already too late.”

The male focus groups also indicated that perceptions about sexuality among adults, teachers, and religious institutions limit the information they receive and, thus, their control over their sexual

relationships. They noted that adults mock them for having sex and for taking precautions, calling them “dumb monkeys” and “fools” for “doing adult things.” The participants complained that premarital sex is considered a sin and said that adults are not the only ones who have a right to have sex.

- Group 5 (low SES males) noted that while parents and religious institutions do not think adolescents should have sex, and therefore should not use contraceptives, they hold them responsible if a pregnancy occurs. One participant noted that they say, in effect, “You did not protect yourself so you have to suffer the consequences...you have to figure out how to become responsible for your child.” In other groups, it was noted that many adolescents do not use condoms because adult males have taught them that it is *machismo* to have sex without condoms.
- Group 7 (high SES males) noted, however, that some parents are conscious of the need to educate their children about contraceptives. Participants said some parents suggest contraceptive use so their children “will not make the same mistakes that they made.”
- Group 10 (low SES/male workers) also cited the condescending attitudes of adults toward sexual activity by adolescents, noting that they call sexually active youth “dirty kids.”

It is clear from these opinions that the promotional campaign could address these taboos and the *machismo*-influenced behavior of not using condoms.

Another point made by participants was that clerks at pharmacies are untrained about sexual subjects, are prejudiced against the use of contraceptives by adolescents, and treat adolescents poorly when they do try to buy contraceptives. One participant noted that they say, “You are already having sex! How old are you?”

A participant in Group 6 (low SES females) said that pharmacy clerks “look at you as if you were strange, as if to say, ‘There is this little girl, and she is buying contraceptives.’” Both male and female adolescents complained that clerks announce it to the whole store when youth buy contraceptives.

Male focus group participants noted that this humiliating treatment instills fear about buying contracep-

tives at pharmacies. Participants in Group 5 (low SES males) said that they felt “humiliated” by clerks at pharmacies, noting that they are “very narrow-minded.” Participants in Group 7 (high SES males) described pharmacy clerks as “nosey.” Only the participants in Group 9 (low SES/female market vendors) were indifferent to the attitude of pharmacy clerks. However, some of them did express the fear that pharmacy clerks would inform their parents that they purchased contraceptives. One participant said that if they recognize you, “they go around spreading rumors.”

It is clear that personnel training and improved treatment of adolescents are issues that youth-friendly pharmacies must address.

A related problem with existing pharmacies mentioned by study participants is the physical limitation that is not conducive to privacy. This creates an environment where adolescents do not feel confident about buying contraceptives. Both high- and low-income females said that the lack of privacy makes it embarrassing to purchase contraceptives at pharmacies. While it may not be possible to alter the physical space of pharmacies, addressing the need for privacy will be key to this project.

Participants said that they were looking for a degree of anonymity in their contraceptive purchases. Participants in Group 5 (low SES males) suggested putting condoms in dispensers like soft drink machines, which would allow youth to purchase contraceptives quickly and leave the pharmacy. A participant in Group 1 (middle SES females) concurred, saying, “It should be like a convenience store, where you can take the contraceptive and not have to ask for it.”

Another important issue mentioned by participants is poor communication between parents and children on sexual matters. Very few of the adolescents said their parents were a source of information about sex. Most rely on peers for information. Only a few of the middle- and high-income females said that they had close communication with their parents. In order to foster communication, the youth-friendly pharmacies must be more than places where adolescents can buy contraceptives. They must be places where youth feel the same trust on sexual matters that they experience with friends.

Among specific promotional ideas recommended for the pharmacies, the female ADS group participants suggested that youth groups present information on sexual subjects at the pharmacies. They also suggested a toll-free hotline staffed by youth; secret discount coupons for the pharmacies; and attractive pamphlets, which kids will not throw away. Group 6 (low SES females) also recommend pamphlets, as well as posters and peer presentations in schools.

- Participants in Group 8 (high SES females) said the pharmacies should be promoted in magazines for adolescents and in the newspaper supplements “ELLA” and “Planeta Alternativo.” They also suggested commercials on television soap operas and supported the ideas of a toll-free hotline and discount coupons.
- Participants in Group 2 (middle SES males) thought that a Web site and hotline were good promotional mechanisms, but noted that the Web site should be youthful and interesting and should include attractive images.
- Participants in Group 5 (low SES males) thought that a membership card would be a good promotional tool, but noted that the best promotion would be word-of-mouth from youth themselves. This group also thought that a hotline would be a good idea.
- Participants in Group 7 (high SES males) also said that the best promotional mechanism is word-of-mouth from youth who have positive experiences at the pharmacies. This group thought promotion through chat rooms might be better than a Web site because there are already many Web sites.
- Participants in Group 10 (low SES/male workers) liked the idea of the toll-free hotline and agreed that coupons would be a good mechanism to promote the pharmacies.

It is evident that word-of-mouth from satisfied customers will be fundamental to the success of the pharmacies. Focus group participants also supported membership cards, a hotline, and a Web site as promotional tools.

OBJECTIVE 4: TO INFORM KEY ELEMENTS OF A LOGO FOR THE PROJECT

The focus group participants thought the logo for the youth-friendly pharmacies should include images of groups of youth, couples, or a cordial relationship between a young pharmacy clerk and a young customer to promote the concept of youth-friendly pharmacies.

In terms of the project logo, the participants suggested the following slogans:

- Youth with contraceptives is better
- Take care of your life
- Protect yourself and enjoy the moment
- Educating youth
- Trust
- Young Pharmacy
- Do you want to be sure?
- The power is in you
- Come without fear
- The solution is yours
- The pharmacy that understands you
- The pharmacy that offers you sexual guidance
- Hand-in-hand with the information
- Love with information and protection

Suggestions on possible figures for inclusion in the logo included the following:

- Groups of adolescents
- An adolescent couple
- A scene between a courteous salesperson and a satisfied young customer

- A battle between contraceptives and little monsters (infectious diseases)
- A heart with a little cap in the form of a condom, hugging an envelope with birth control pills
- A hand reaching out as a sign of assistance

Suggestions for colors, fonts, and other visual elements included the following:

- Very lively colors, appropriate for youth
- Cheerful fonts

RESULTS RELATED TO SPECIFIC STUDY OBJECTIVES

OBJECTIVE 1: TO PROFILE ACTUAL AND POTENTIAL CONTRACEPTIVE CONSUMERS AMONG THE ADOLESCENT POPULATION OF GREATER SAN SALVADOR

The following profiles are constructed from the feedback of focus group participants on their perceptions, preferences, and activities related to the purchase and use of contraceptives. Profiles are provided for male and female consumers.

The profile of a male contraceptive consumer is as follows:

- Inclined to use condoms
- Doubts the quality of condoms
- Criticizes, but sometimes accepts, the *machismo* attitude that sex feels better without condoms
- Buys contraceptives fearfully at pharmacies, gas stations, and supermarkets
- Frustrated by poor treatment, including being made fun of, and lack of guidance from staff at these places
- His most credible source of contraceptive information is his adolescent friends

- Does not accept opposition of religious institutions or adults to premarital sex; is upset by this paradigm
- Believes he has the right to have premarital sex, just like adults
- Begins dating girls between the ages of 13 and 15
- Does not want to consult his parents on sexual issues; has no trust or open relationship with them
- Objects to the traditional, non-participatory way of teaching sex ed in schools
- Knows all about the use of condoms and brand names
- Visits discotheques, billiard parlors, and other youth entertainment places
- Is aware of the risk of being infected with STDs, including HIV/AIDS

The profile of a female contraceptive consumer is as follows:

- Does not visit pharmacies personally to buy contraceptives; prefers that someone else purchase contraceptives for her
- Sources of contraceptive information and purchase depend on SES group:
 - High SES: Personal doctor, private clinics
 - Middle SES: Mass media
 - Low SES: Health clinics, Profamilia
- Wants more information on the use of contraceptives
- Objects to the traditional, non-participatory way of teaching sex ed in schools
- Has little trust to discuss sex with her mother
- Likes to read magazines and newspaper supplements on the subject

- Talks of sexual experiences in the third person
- Believes that 13-year-olds are more likely to have opposite-sex relationships than she and her peers had at that age
- Analyzes the subject of sexuality spontaneously; is not inhibited in discussing the subject
- Her friends are her most credible source of information about contraceptives

OBJECTIVE 2: TO PROVIDE INSIGHTS ABOUT THE ABILITY OF ADOLESCENTS TO PURCHASE CONTRACEPTIVES IN THE COMMERCIAL SECTOR

The participants in the focus groups did not indicate difficulties in purchasing contraceptives relative to their SES. The participants said the contraceptives they use most frequently (condoms) are affordable. The affordability of injectables and oral contraceptives was less clear, as few of the participants had used them, and those who did normally received them for free at public health clinics.

- Participants in Group 2 (middle SES males) said they did not buy condoms directly. They receive *Cóndor* and *Vive* contraceptives at school, as well as education about how to use them. They also get condoms from their friends. For this group, cost does not appear to be a barrier to condom use.
- Participants in Group 3 (ADS males) indicated that adolescents buy condoms in pharmacies, but noted that for those who do not, it is because of social pressure, not price.
- Participants in Group 5 (low SES males) said that certain brands of condoms are very affordable. Participants in Group 7 (high SES males), who buy *Prime* and *Piel* contraceptives, said they buy them at acceptable prices in supermarkets, pharmacies, and gas stations.
- Participants in Group 10 (low SES/male workers) also buy condoms at pharmacies, although some get them for free at public health clinics. They feel that contraceptives are not expensive.

The female focus group participants did not provide information on their ability to purchase contraceptives

because they obtain them, or would obtain them, through a third party.

This is not a detailed analysis of purchasing ability because the study does not reflect frequency or quantity of purchase. However, two conclusions are clear: Condoms appear to be affordable at all SES levels, and they are used frequently. Consequently, it can be inferred that if consumption is high and the products are not expensive, then adolescents' purchasing ability is consistent with market supply. This conclusion may have to be qualified for the low SES adolescents, since they tend to get condoms from public health clinics or friends.

OBJECTIVE 3: TO IDENTIFY OBSTACLES THAT ADOLESCENTS FACE IN ACQUIRING CONTRACEPTIVE PRODUCTS IN THE COMMERCIAL SECTOR

Participants did not indicate any significant financial obstacles to the purchase of contraceptives. Products appear to be accessible, cheap, and abundant in many locations. Participants also said that they have the desire and the need to acquire contraceptives. However, they did mention the following barriers to purchasing contraceptives in pharmacies:

- Pharmacy clerks are older and treat adolescents poorly; they do not show respect for adolescents and make fun of them when they purchase contraceptives
- Pharmacy clerks are poorly trained on the subject of contraceptives
- Pharmacy clerks are not conscious of the psychosexual needs of adolescents and are not empathetic to these needs
- Pharmacies offer little privacy

Male focus group participants confirmed that the experience of buying condoms in pharmacies is often humiliating. One participant in Group 5 (low SES males) said, "The clerk only stares at you and asks a lot of questions: 'Is it going to be the first time? Do you know how to use it?' Sometimes they even ask how old you are, and then you get nervous, and you just want to get out of there."

- A participant in Group 3 (ADS males) said the pharmacies need courteous clerks “trained in the subject matter.” Another participant in the group suggested that clerks who are trained to discuss contraception “be identified with a pin or something that says that they are qualified” or “a colored shirt or uniform that differentiates them.”
- Group 2 (middle SES males) also suggested better training for pharmacy clerks. One participant said, “They should know about the quality and strength of condoms. They should not look at adolescents like they are weird when they buy contraceptives. Instead of asking what they are going to use the condom for, they should give advice.”

These feelings were similar across socioeconomic groups. The female groups expressed similar thoughts, noting that they were embarrassed to go to pharmacies. A participant in Group 4 (ADS females) said that adolescents shouldn’t have to ask out loud for contraceptives and that “there should be a section reserved to give information and advice to adolescents.”

Almost all of the females said they would prefer female clerks because it would make them feel more comfortable. A participant in Group 1 (middle SES females) said, “The person who waits on you should be young” and “should be discreet and mind her own business.”

Clearly these adolescents feel rejected by attitudes and the environment in pharmacies, which can lead to distrust.

OBJECTIVE 4: TO IDENTIFY THE TYPE OF COMMERCIAL-SECTOR ESTABLISHMENTS THAT ARE MOST ATTRACTIVE FOR MALE AND FEMALE ACTUAL AND POTENTIAL CONTRACEPTIVE CONSUMERS

Study participants said that no existing private- or commercial-sector establishments are attractive for them to purchase contraceptives, including pharmacies, supermarkets, or gas stations. Adolescents are afraid and ashamed to buy contraceptives in these places. Changes must be implemented at the point-of-sale to overcome these barriers.

OBJECTIVE 5: TO PRE-TEST THE CONCEPT OF “YOUTH-FRIENDLY” PHARMACIES AMONG ACTUAL AND POTENTIAL ADOLESCENT CONTRACEPTIVE CONSUMERS

All of the groups, except Group 1 (middle SES females), were favorable to the implementation of youth-friendly pharmacies. They indicated a comfort level with the concept that suggests that such pharmacies have the potential to increase the purchase of contraceptives. The term “youth-friendly” clearly has the potential to generate an institutional or brand image at point-of-sale that is consistent with the kind of service adolescents are seeking.

Participants felt the term “youth-friendly” suggested the following attributes:

- *Advisor* on contraceptives who can be consulted on this complex subject
- *Trustworthy* to listen to doubts and problems of adolescents
- *Empathetic* listener who understands adolescents and their problems and puts himself or herself in their shoes
- *Courteous* to adolescents; does not reject or mock
- *Youthful*, because adolescents trust people who are young
- *Quick solver* of immediate problems that adolescents may present

5 Conclusions & Recommendations

CONCLUSIONS & RECOMMENDATIONS

YOUTH-FRIENDLY PHARMACIES

Conclusion: There is a clear need to establish youth-friendly pharmacies. The concept was widely accepted by the study participants, who indicated that these pharmacies could solve many existing problems in the area of contraceptive information and supply. This finding is further reinforced by the fact that very few participants said they visited other important sources of contraceptive information and supply, such as public health clinics.

Recommendation: Youth-friendly pharmacies should be established in areas with high volumes of youth traffic and not in or near residential areas. Recommended mechanisms to promote the youth-friendly pharmacies include a Web site, a toll-free hotline, and coupons, as well as a logo for the exterior of pharmacies. Word-of-mouth from satisfied youth customers, rather than a broad mass media campaign, will be the best channel of promotion for youth-friendly pharmacies.

PROMOTION

Conclusion: The success of this project will require a series of attitudinal changes, including overcoming family, school, and cultural impediments. Negative attitudes toward sex generally, and toward premarital sex and the use of contraceptives by adolescents specifically, among parents and religious institutions have the potential to generate opposition to the project. Also, some adults transmit the attitude that it is *machista* not to use condoms.

Recommendation: Marketing and communication strategies will have to counter *machista* attitudes and consider the potential opposition from parents and religious institutions. Using mass media to promote the project, or even to raise awareness of adolescent sexual health, may be counterproductive.

INFORMATION

Conclusion: There is an unmet need for information about sexuality among the youth of greater San Salvador. Schools are not doing an adequate job of teaching adolescents about sexuality and contracep-

tion, and very few adolescents feel comfortable discussing sexuality with their parents.

Recommendation: The youth-friendly pharmacies should serve as information resources for youth on matters of sexuality. Computer kiosks where youth can access information and clerks who are knowledgeable about sexuality and contraception can establish these pharmacies as educational resources. Peer-led educational groups could also help inform adolescents about reproductive-health issues. The promotional campaign for the pharmacies should address the responsibility of parents to educate their children about sexuality and contraceptives.

TRAINING

Conclusion: Lack of contraceptive knowledge and insensitive treatment by clerks at pharmacies appear to be major obstacles to contraceptive acquisition. Clerks at existing pharmacies are not trained on the subjects of sex and contraceptives, treat adolescents insensitively, and are prejudiced toward the use of contraceptives by adolescents.

Recommendation: Pharmacy clerks should be trained on the subjects of sex, contraceptives, and how to treat adolescents. Youth-friendly pharmacies should employ young staff who empathize with young customers and foster an environment that creates confidence in adolescents that they will be treated with respect.

PRIVACY

Conclusion: The physical infrastructures of existing pharmacies are not conducive to privacy. As a result of this environment, adolescents do not feel confident about coming in and buying contraceptives.

Recommendation: Youth-friendly pharmacies should take steps to promote privacy. The design and decor of youth-friendly pharmacies should convey a youthful, cheerful environment of trust. Quick and confidential means of purchasing contraceptives will make it easier for youth to access contraceptives. The pharmacies should sell items for youth besides pharmaceuticals. Because few pharmacies currently mix the sale of pharmaceutical and personal-care products, youth-friendly pharmacies could have a potentially large market impact.

Appendix A

APPENDIX A

FOCUS GROUP SCHEDULE

Table A1. Focus group schedule, February–March 2002, Facilitator: José Miguel Carranza

Focus Group Number/Gender	Number of Participants	SES Group	Place	Day/Time	From	Participated in ADS Program for Adolescents
1 - Female	4	Middle	Mediterráneo Plaza Hotel	Tuesday, February 12 3:15 p.m.	La Salle & Berry College	NO
2 - Male	9	Middle	Hotel Radisson Plaza	Thursday, February 14 9:00 a.m.	García Flamenco & Angloamericano	NO
3 - Male	10	*	Grecia Real Hotel	Friday, February 15 9:00 a.m.	ADS	YES
4 - Female	11	*	Grecia Real Hotel	Monday, February 18 9:00 a.m.	ADS	YES
5 - Male	10	Low	Casagrande Tea Room	Tuesday, February 19 9:00 a.m.	ITEXAL/INFRAMEN	NO
6 - Female	11	Low	Mesón de Goya	Thursday, February 21 9:00 a.m.	I.N. Santa Tecla — Merliot	NO
7 - Male	8	High	Hotel Radisson Plaza	Friday, February 22 3:30 p.m.	U. Evangelical, UCA, Col. Colonia San Benito	NO
8 - Female	8	High	Hotel Radisson Plaza	Saturday, February 23 10:00 a.m.	ESEN, UCA, U. Matías Delgado	NO
9 - Female	7	Low (market vendors)	Casagrande Tea Room	Wednesday, March 6 2:00 p.m.	Central market and marginal communities near Zacamil	NO
10 - Male	12	Low (workers)	Grecia Real Hotel	Thursday, March 7 3:00 p.m.	Marginal communities near Zacamil and San Ramón	NO

*SES group unknown; participants selected because of their role as peer educators.

Appendix B

APPENDIX B

SUMMARY OF PERCEPTIONS OF & OPINIONS ON MARKET VARIABLES

Table B1. Summary of perceptions of and opinions on market variables — females

Focus Group Number/ Gender	SES Group	Current School Status	Attitudes on Feasibility of the Project	Suggested Locations in San Salvador	Key Elements of the Promotional Campaign	Key Elements for Inclusion in the Logo Design	Purchasing Ability	Barriers to Acquiring Contraceptives	Acceptance of Existing Establishments
9 - Female	Marginal/Low	Does not attend	Favorable	<ul style="list-style-type: none"> • Metrocentro • Supermarket • Central market 	Address adult prejudices	<ul style="list-style-type: none"> • Small group of youth that says: "Let's go" • Include two youth • Include a sun and a moon • Use two little bears • The slogan must give confidence and assurance about going to the pharmacy 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Little privacy • Lapsed prescriptions 	No establishment is attractive
6 - Female	Low	Attends	Favorable	<ul style="list-style-type: none"> • Accessible, central places • Towns 	<ul style="list-style-type: none"> • Address adult prejudices • Address deficient education in schools 	<ul style="list-style-type: none"> • Happy colors • Happy clerks and customers • A man and a woman • The thumb of victory • Include pills and injections • Messages: <ul style="list-style-type: none"> "Youth of the millennium" "To avoid getting pregnant" "The solution is up to you" "The pharmacy that understands you" "The pharmacy that gives you sexual guidance" 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Salespeople who criticize, ask too many questions, scold 	No establishment is attractive
1- Female	Middle	Attends	Unfavorable	<ul style="list-style-type: none"> • None • Places that are somewhat hidden 	Address adult prejudices	<ul style="list-style-type: none"> • Two adolescents • Man and a woman • Message: "Protect yourself and enjoy the moment" • Cheerful colors • A happy couple 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Distrust in salespersons 	No establishment is attractive
8 - Female	High	Attends	Favorable	<ul style="list-style-type: none"> • Alternate streets to the Paseo Escalón • Antiguo Cuscatlán • UCA • Santa Elena • Metrocentro • La Esperanza Medical Zone 	<ul style="list-style-type: none"> • Address deficient education in schools • Address prejudiced culture • Address religious prejudices 	<ul style="list-style-type: none"> • Brilliant colors • Youth laughing with satisfaction • Interesting fonts (Gothic) • Striking images • Messages: <ul style="list-style-type: none"> "Go without fear" "Young pharmacy" "Do you know everything about..." "You want to be sure" 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Embarrassed to go to pharmacies • One prior precaution is to go see the gynecologist 	No establishment is attractive
4 - Female	ADS	Attends	Very favorable	<ul style="list-style-type: none"> • Metrocentro • Unicentro 	<ul style="list-style-type: none"> • Address adult prejudices • Address deficient education in schools 	<ul style="list-style-type: none"> • Youth couple • Lively colors • "Young" fonts • Trick question: "Want to learn about another world?" • Letters formed by condoms, pills, etc. 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Lack of information at pharmacies • Bad advice at pharmacies 	No establishment is attractive

Table B2. Summary of perceptions of and opinions on market variables — males

Focus Group Number/ Gender	SES Group	Current School Status	Attitudes on Feasibility of the Project	Suggested Locations in San Salvador	Key Elements of the Promotional Campaign	Key Elements for Inclusion in the Logo Design	Purchasing Ability	Barriers to Acquiring Contraceptives	Acceptance of Existing Establishments
10 - Male	Marginal/Low	Does not attend	Favorable	<ul style="list-style-type: none"> • Unicentro • Shopping centers 	Address adult prejudices	<ul style="list-style-type: none"> • Drawing of a condom • Youth holding hands • Warning on use of condoms • Blue color • Indicate that it is a youth pharmacy • Message: "Educating youth" 	Says contraceptives are affordable	Salespeople are rumor-mongers and mock youth	No establishment is attractive
5 - Male	Low	Attends	Favorable	<ul style="list-style-type: none"> • Near the INFRAMEN • Near the Hispano bookstore in the center 	<ul style="list-style-type: none"> • Address adult prejudices • Address deficient education in schools • Address religious prejudices 	<ul style="list-style-type: none"> • Boy and girl, holding hands, entering the pharmacy smiling • Adopt a name related to the reality of youth • Silhouette of youth who are going to buy at the pharmacy • Message: "Youth Clinic" or "Youth Pharmacy" 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Poor treatment and humiliation by salespeople • Closed-minded salespeople who are not empathetic to sexually active adolescents 	No establishment is attractive
2 - Male	Middle	Attends	Favorable	<ul style="list-style-type: none"> • Shopping centers • Accessible and open places 	<ul style="list-style-type: none"> • Address adult prejudices • Address <i>machismo</i> 	<ul style="list-style-type: none"> • Condom with happy face • A youth buying condoms • Happy colors • Salesperson and buyer shaking hands • Messages: "Do it responsibly with a condom" "Safe sex, safe life: Use a condom" 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Finger-pointing salespeople • Embarrassed to talk to saleswoman 	No establishment is attractive
7 - Male	High	Attends	Favorable	<ul style="list-style-type: none"> • Paseo Escalón • Zona Rosa • Santa Elena • Branch offices throughout San Salvador 	<ul style="list-style-type: none"> • Address adult prejudices • Address religious prejudices 	<ul style="list-style-type: none"> • Happy face • "Hot" model • Words of adolescents (fooling around, jokesters) • Do not use the color white of the pharmacies 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Judgmental adults • Nervousness and embarrassment 	No establishment is attractive
3 - Male	ADS	Attends	Favorable	<ul style="list-style-type: none"> • Discotheques • Metrocentro • Shopping centers 	<ul style="list-style-type: none"> • Address adult prejudices • Address deficient education in schools 	<ul style="list-style-type: none"> • Condom hugging youth or pill • Adult and youth shaking hands and talking • A heart with a condom cap, hugging an envelope with birth control pills • Someone from the pharmacy dressed as a condom • Bright colors • Message: "Love with information and protection" 	Says contraceptives are affordable	<ul style="list-style-type: none"> • Disapproving looks of adults • Afraid parents will find out 	No establishment is attractive

Appendix C

APPENDIX C

FOCUS GROUP GUIDE

FARMACIAS AMIGABLES FOCUS GROUP DISCUSSION GUIDE, ADOLESCENTS 15–19

Thank you for coming today. My name is.....and I am conducting these discussion groups as part of a research project on adolescent health practices in El Salvador. We are conducting this research to find out about your experiences and views on obtaining health services/products in this community. During the next few weeks members of our research team will be talking to other groups of teens in this area about adolescent healthcare preferences, so we can find out as much as possible about your experiences. I would like to say that there are no right or wrong answers in our discussion, we will simply be asking your views, opinions and experiences on a range of topics, so please feel comfortable to say what you honestly feel. During the discussion.....will be taking notes and reminding me if I forget to ask something. However, so that he/she does not have to worry about getting every word down on paper we will also be tape recording the whole session. Please do not be concerned about this, our discussion will remain completely confidential and will ONLY be used for this research project. Because we don't want to miss anything it is important that only one person speak at a time. Remember we want to hear as many different points of view as possible, so feel free to disagree with everyone else and share your own opinions. We would like you all to have the chance to express your opinions, so please let everyone have a chance to talk. Again, your responses will be used only for this study. Are there any questions before we start? Let's begin....

INTRODUCTION

As an introduction, perhaps each person could give us their first name and tell us how old you are...What are your favorite activities? How do you like to spend your time?

Much of our discussion today will be on the topic of the health experiences of adolescents; in particular we would like to focus on reproductive health. Please do not feel concerned if you have not heard of all the

topics we are going to discuss, we are still very interested in your opinions.

GENERAL QUESTIONS

- 1 Let's start by thinking about adolescent life here. What are the main problems/concerns that adolescents face in this community? (Probe: How do these differ for males/females?)
- 2 How important are dating and relationships to adolescents in this community? At what age do adolescents start dating here?
- 3 Where can teens get information on reproductive health (menstrual cycle, pregnancy, STIs, HIV/AIDS transmission, family planning methods) in this community? (PROBE: Do you know of any clinics where you can obtain this information? Do you feel comfortable attending these clinics? Why/why not?)
- 4 Do adolescents use contraceptives? What kind of contraceptives are they most likely to use? Why? (PROBE: get them for free, easy to obtain) In a relationship, who is responsible for using contraceptives? Why?
- 5 Where can teens go to get contraceptives? (PROBE: pharmacy, teen clinic, Profamilia clinic, government clinic)
- 6 What do you think are some of the benefits of using contraceptives?
- 7 What are some reasons why adolescents might not use contraceptives? (PROBE: lack of access, not affordable, embarrassment factor, religious influence)
- 8 What are the consequences for adolescents who don't use contraceptives?
- 9 How do you think the attitudes of this community affect whether or not teens use contraceptives? Are there any community attitudes that may prevent teens from purchasing contraceptives from a pharmacy or grocery? (Probe: attitudes towards premarital sex, role of religion)

YOUTH-FRIENDLY PHARMACIES CONCEPT

- 10 What kind of information would you like to receive on pregnancy prevention? What would be the best way to receive this information? (PROBE: health workers, teen clinics, leaflets, TV, radio)
- 11 Where would you go to obtain contraceptives? Would you go to a neighborhood pharmacy? Why/Why not? (PROBE: Would you prefer to go to a nearby pharmacy, or one further from your home?) Would you feel comfortable asking the pharmacist/clerk how to use a method of contraception, or about possible side effects?
- 12 What products have you bought from a pharmacy? Have you ever gone to a neighborhood pharmacy to purchase contraceptives? Was it a positive experience?
- 13 How can pharmacies become more "youth friendly" to adolescents who wish to buy contraceptives? (PROBE: ensure privacy, withhold judgment) Would you prefer talking to a male or female pharmacist? Why?
- 14 Suppose that there is a pharmacy for teens. What type of logo would indicate to you that the pharmacy is youth-friendly? Can you describe what this logo would look like? (PROBE: colors, design, message, etc)
- 15 Have you ever seen this logo [HOLD UP LOGO USED BY ADS PEER LEADERS]. What do you associate with this logo? What do you like/dislike about this logo? [SHOW OTHER LOGO IF AVAILABLE, ASK FOR IMPRESSIONS]
- 16 Again, supposing there is a network of youth-friendly pharmacies for teens, what would be the best way to let kids know about pharmacies? Where should these pharmacies be located? Would you use this pharmacy to obtain information about sexual health matters, or to purchase a contraceptive method?

- 17 In general, how do you and your friends find out about things of interest to you (events/happenings/services)? (PROBE: TV ads, radio, newspaper, magazines, billboards, etc). How often do you watch TV? How often do you listen to the radio? Do you like to read newspapers or magazines?

CONCLUSION

We are now reaching the end of the discussion. Does anyone have any further comments to add before we conclude this session? I would like to thank you all very much for your participation in this discussion, your experiences and opinions are very valuable in improving health care services/options for adolescents in this community. Thank you.



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